

Adapt of Missouri
ITCD

Arthur Center
ITCD

Beacon Mental Health
ITCD, DBT

Boothel Behavioral Health
ITCD, DBT

Burrell Behavioral Health
ACT, ACT-TAY, SPECIALTY
TEAMS, ITCD, DBT

BJC Behavioral Health
ACT TAY, ITCD, DBT, ICPR
Non-Residential

Clark Mental Health Center
ITCD

Compass Health
ACT, ACT-TAY, SPECIALTY
TEAMS, ITCD, DBT

Community Counseling Center
DBT, ITCD

Comprehensive Mental Health
Services
ACT-TAY, ITCD

Family Counseling Center
ITCD

Family Guidance Center
ITCD

Hopewell
ITCD, DBT, ICPR Non-
Residential

Independence Center
ITCD

Mark Twain Behavioral Health
ITCD, DBT

Mineral Area
ITCD

New Horizons
ITCD

North Central MHC
ITCD

Ozark Center
ACT, ACT-TAY, ITCD, DBT

Ozarks Healthcare
ITCD

Places for People
ACT, FACT, ITCD, DBT

Preferred Family Healthcare
ACT TAY, ITCD, DBT

ReDiscover
ITCD, DBT

St. Patrick Center
ACT

Swope Health Services
ITCD

University Health
ITCD, DBT

EVIDENCE BASED SERVICES NEWSLETTER

• **ASSERTIVE COMMUNITY TREATMENT (ACT)**

WEB PAGE — [CLICK HERE](#)

• **INTEGRATED TREATMENT FOR CO-OCCURRING
DISORDERS (ITCD)**

WEB PAGE — [CLICK HERE](#)

• **DIALECTICAL BEHAVIOR THERAPY (DBT)**

WEB PAGE — [CLICK HERE](#)

SPRING EDITION

2024

Hello from DMH

By Lori Long, EBS & Review Coordinator

Greetings everyone! 2024 brought with it a host of changes in the mental health world. Mergers, new staff, new programs and new strategic plans are afoot, and although these events can sometimes feel stressful, change can inject new life, new direction and fresh perspectives into our programs.

Here on the fidelity team we said goodbye to some staff in 2023 and have since added new staff, and we are excited! Additionally, changes were made to the fidelity schedule and technical support routines that will allow for our team to provide more direct trainings and support in 2024. We have additional training plans on our agenda, including more live (virtual) and recorded Psychiatric Rehabilitation, DBT, MI/DD, Specialized Team Child Development and Wellness Management trainings.

One important aspect for all the fidelity teams providing ACT, ITCD or DBT services in Missouri is Quality Assurance monitoring. ITCD in particular, but also present in the ACT SAMHSA Toolkit (GOI) and found in the DMH DBT fidelity measurement tool, are recommendations for collecting both Process and Outcome Data within a program. This concept has been an evolving one for ITCD teams over the years and most now have a QA monitoring plan in place. DBT teams are just beginning their QA strategies and now, with the lessening requirements surrounding ACT Fidelity Improvement Plans, we highly recommend a basic understanding of this type of QA monitoring for that program as well. In that spirit, I want to share a basic overview of QA monitoring and why it is important.

Over time, a program can drift from the

original model of treatment. Factors including differing clients, differing staff and agency requirements changing can influence this. Fidelity monitoring helps prevent this, ensuring the success of the program based directly on how well it adheres to the model. Fidelity monitoring regularly, with an ongoing schedule of updating and re-visiting the program goals is the best way to ensure a high quality, effective program that follows the model of treatment. Appointing a QA team, which can include a team's Leader, Program Leader but also including other agency staff skilled in research or quality monitoring, is ideal. Re-visiting the fidelity results, program strengths and weaknesses as well as any barriers to higher fidelity is called Process Monitoring. The intention of monitoring process data is for giving direct information back to the team so that they can change programmatic elements to improve the measured fidelity.

Outcome Monitoring is also important to ensure clients are improving and achieving the best outcomes as a result of the treatment they receive in the program. This involves collecting targeted data from all clients and combining it, to determine overall percentages, patterns and trends of all served; highlighting what may fall above or below targeted outcomes. Then a team may make adjustments designed to improve the targeted client outcomes.

With these internal measures in place, high quality services and consistency of fidelity can be assured. Quality Assurance monitoring is the important "behind the scenes" engine that drives successful programs.



To find past issues of the Newsletters go to the DMH web pages at:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/provider-act>

Or

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/itcd>

Scroll down to “newsletters” and find your archived online copy!

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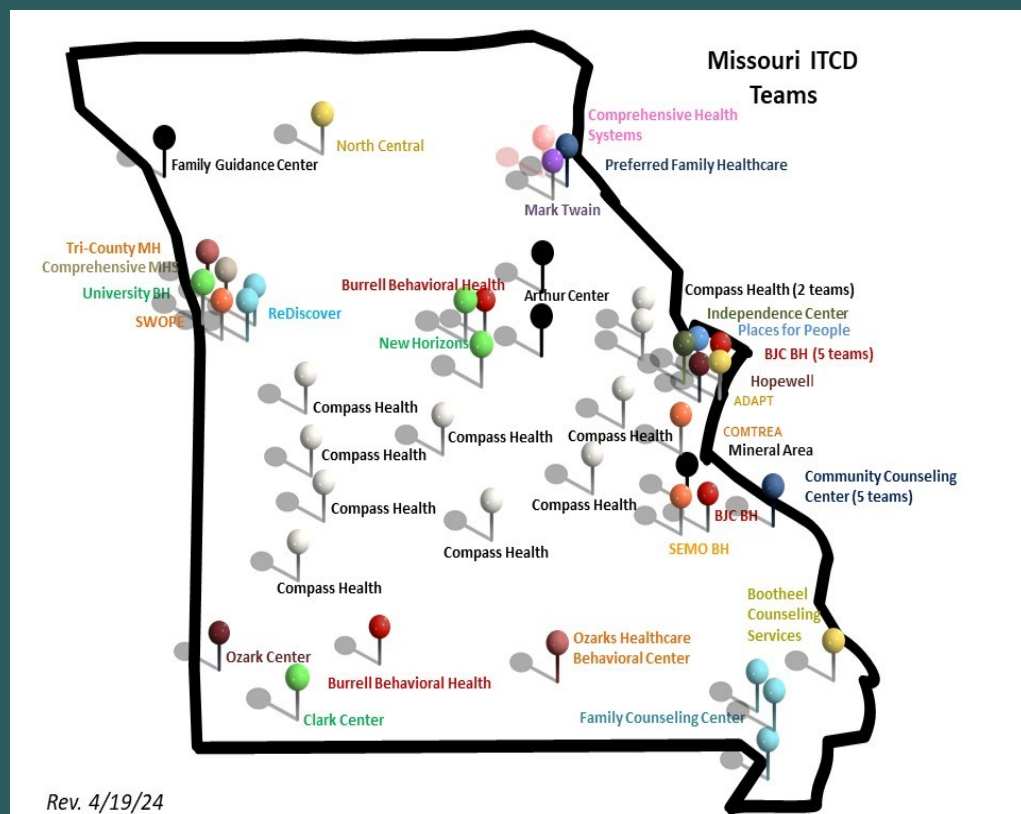
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Rev. 4/19/24

DMH Spring Training Institute 2024

May 16-17, 2024

In-Person at

Tan-Tar-A Conference Resort
Lake Ozark, MO

The Missouri Department of Mental Health provides the Spring Training Institute for staff, providers and consumers of the Division of Behavioral Health and the Division of Developmental Disabilities. Additionally, the Institute attracts staff from the Department of Corrections, Department of Youth Services, Department of Family Services, other statewide organizations and individuals in private practice. The Institute brings over 1,000 behavioral health professionals together to learn about the latest research in the field regarding medications, evidence-based treatment, and other issues related to the populations served. There are two full days of presentations and workshops with over 60 separate sessions that will broaden knowledge and enhance the understanding of the critical services provided to the citizens of Missouri.

PDF schedule: <https://www.springtraininginstitute.com/wp-content/uploads/2024/04/2024-STI-Draft-Schedule-041124.pdf>

REGISTRATION: <https://mimh.configio.com/pd/3029/sti2024>

TEAM SPOTLIGHT

Places for People ITCD RISE Team

TEAM LEADER



Jennifer
(She/Her)

ITCD SPECIALISTS



Emily
(She/Her)



Nick
(He/Him)

INTEGRATED HEALTH COACHES



Lester
(He/Him)



Sarah
(She/Her)



Amy
(She/Her)



Kevin
(He/Him)



Tom
(He/Him)

NURSE CARE MANAGER



Josh

EMPLOYMENT SPECIALIST



Alex

TEAM ASSISTANT



Alicen

ITCD at Places for People began in 2007, and has grown immensely over the years, beginning with the 2014 creation of The Reach Team and The Rise Team. In 2017, The Reach Team separated from ITCD becoming Places for People's first Out-patient SUD Program. At this time, The Rise Team emerged as the main ITCD team at Places for People. The Rise Team is located in St. Louis, MO and is a multi-disciplinary ITCD treatment team that adheres to the Integrated Treatment for Co-Occurring Disorder Treatment DMH fidelity model. We serve individuals, in the community, who have been diagnosed with both a substance/alcohol use disorder and a serious & persistent mental health disorder. For persons served on the Rise Team, the predominant driver for many of the stressors in their life is their level of substance/alcohol use.

The Rise Team is just that, a team. We work together and assist each other with delivering the

highest quality of clinical and case management services. The Rise Team leadership consists of the Team Leader (TL) and 2 ITCD Specialists (Therapists). The Rise Team also includes a Team Assistant (TA), a Nurse, 5 Integrated Health Coaches (IHCs), a Psychiatric Prescriber, and an ancillary Employment/Vocational Specialist. The IHCs are divided into Pods, with the ITCD Specialist guiding the clinical treatment with input from all team members and persons served.

The Rise Team practices harm reduction and does not take an abstinence only approach. We use stage & evidence-based practices such as MI, CBT, IMR, CRA, and Matrix to help individuals learn about their co-occurring disorders and build skills to stabilize their lives and move forward on their path of recovery and wellness. It is the Rise Team's overall goal to assist our person served in achieving sustained remission from substances and develop a life worth living. We believe that recovery from addiction is possible for everyone, and partner with our persons served to help them determine what recovery looks like for them.

COMING SOON!

Mental Illness/Developmental Disorders (MI/DD) specialized training, for ACT and ITCD teams working with individuals having forms of DD as part of their treatment needs.

David Lynde, in coordination with the DMH Fidelity Team, will present a series of trainings for teams to better understand the unique needs of individuals as well as how to provide psychiatric rehabilitation, skill building, effective interventions and more. Stay tuned for times/dates for this virtual, free training.

Missouri

Evidence Based Services
Newsletter

Spring 2024

For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/employment-services>

And click on "Youth"

Harvard for Developing Child

<https://developingchild.harvard.edu/>

The National Child Traumatic Stress Network

<https://www.nctsn.org/>

ITCD Toolkit from SAMHSA

[Click Here](#)

Fidelity Corner

Evidence Based Practice Services & Review 2023

Year overview

Assertive Community Treatment (ACT), Dialectical Behavior Therapy (DBT),
Integrated Treatment for Co-Occurring Disorders (ITCD)

ACT: 29 teams in operation, 2 pending new teams

DBT: 17 teams in operation, 3 pending new teams

ITCD: 49 teams in operation, 1 pending team, 2 teams non-operational

2023 end of year program status:

61 Total Fidelity Reviews completed – within 18 Community Mental Health agencies

18 ACT program reviews, one exempted review*

5 DBT program reviews

38 ITCD program reviews

ACT Results:

- 67% scored in high to exemplary range
- 17% scored in moderate range
- 17% scored below Evidence Based Implementation range

DBT Results

- 40% scored Good Implementation range
- 60% scored in Fair Implementation range
- No teams scored below Evidence Based Implementation range.

ITCD Results

- 33% scored in Good Implementation range
- 39% scored in Fair Implementation range
- 28% scored below Evidence Based Implementation range

Overall EBP teams: 76% scoring in moderate/fair to high/exemplary fidelity ranges

Teams with appropriate key staff and minimum client numbers are reviewed. All ACT and ITCD teams are reviewed within an approximate 18 month cycle. DBT teams are reviewed in a 24 month cycle. Mental Health agencies may have multiple teams providing various evidence based programs in several locations.

*Exempted review is earned for ACT by meeting defined parameters and not eligible for consecutive years.

NEW DBT TRAINING

"DBT Chain Analysis" by Emily Dreher

Found in the DBT Training Library at:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/dbt>

Click the "Training Library" dropdown or find the video [here](#)



Online Manuals:

<http://navigateconsultants.org/manuals/>

Find out more about the TMACT Protocol here:

<http://www.institutebestpractices.org/tmact-fidelity/more-about-the-tmact/>

At the Institute for Best Practices

See our Crisis Services Newsletter:

<https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/crisis-services>

Be sure to check out our training library links on these web pages under "Training Library" Click one below:

[ACT](#)

[ITCD](#)

[DBT](#)



RESOURCES



Center for Evidence-Based Practices at Case Western Reserve University

<http://www.centerforebp.case.edu/>

Individual Resiliency Training (IRT)

<http://navigateconsultants.org/manuals/>

Copeland Center for Wellness and Recovery

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

Division of Behavioral Health Employment Services

<https://dmh.mo.gov/mental-illness/employment-services>

IPS Employment Center

<https://ipsworks.org/>

Certified Peer Specialist

<https://dmh.mo.gov/mental-illness/peer-support-services>

SSI/SSDI Outreach, Access and Recovery (SOAR)

<http://soarworks.prainc.com/>

Missouri Department of Mental Health

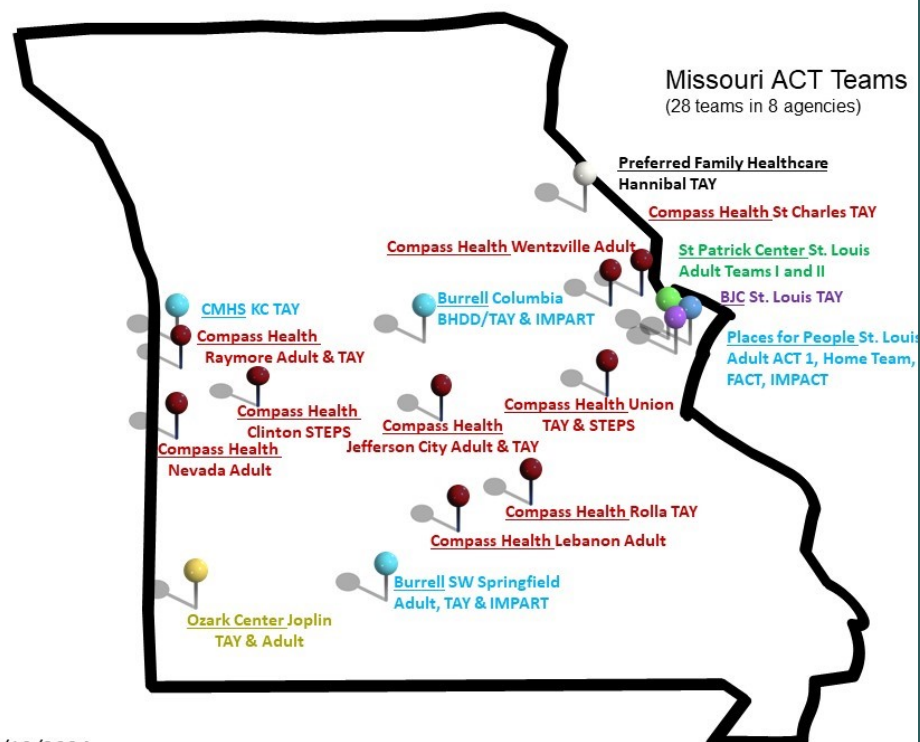
<https://dmh.mo.gov/behavioral-health>

Missouri Children Trauma Network

<https://www.mocn.com/>

Healthy Families of America

<https://www.healthyfamiliesamerica.org/>



Missouri
Evidence Based
Services Newsletter
Spring 2024



To access the free
and downloadable
Supported Housing Toolkit on the
Substance Abuse
and Mental Health
Services Administration
(SAMHSA) web-
site:

[CLICK HERE](#)

Training Reminder

ACT/ACT TAY: Wellness Management
and Recovery training series with
David Lynde
Register Now!

Remaining open dates: May 9, May 14, all
from 9-10am



The Department of Mental Health and Missouri Behavioral Health Council are excited to offer Wellness Management & Recovery Services for ACT/TAY Teams! ACT / TAY Teams provide a variety of evidence-based services for people in services, among them are Wellness Management & Recovery Services. This virtual training series will provide information about some of those services including Illness Management & Recovery (IMR). The primary audiences for this training are ACT/TAY Peer Specialists, Team Leaders, and other interested members of the ACT/TAY teams. There are 2 sessions remaining; 60 minutes in length. Participants will:

*Develop a basic understanding of Illness Management and Recovery and related IMR services. *Be able to identify at least three core strategies for providing Wellness Management & Recovery Services on ACT/TAY teams. *Be able to describe how Wellness Management & Recovery Services are effectively provided using a transdisciplinary approach on ACT/TAY teams.

Maximum registration will be 30 participants per webinar. Participants may register for one, multiple or all webinars. These sessions will be recorded. CEUs for those who attend a full session.

Click [here](#) to register



Take the free
SOAR
online
training
course by
visiting

<http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>

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Missouri
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Spring 2024

NAMI Support
Group listings can
be found at:

<https://namimissouri.org/support-groups/>



DBT website—information,
membership, training events,
certification, directory,
resources, links and support!

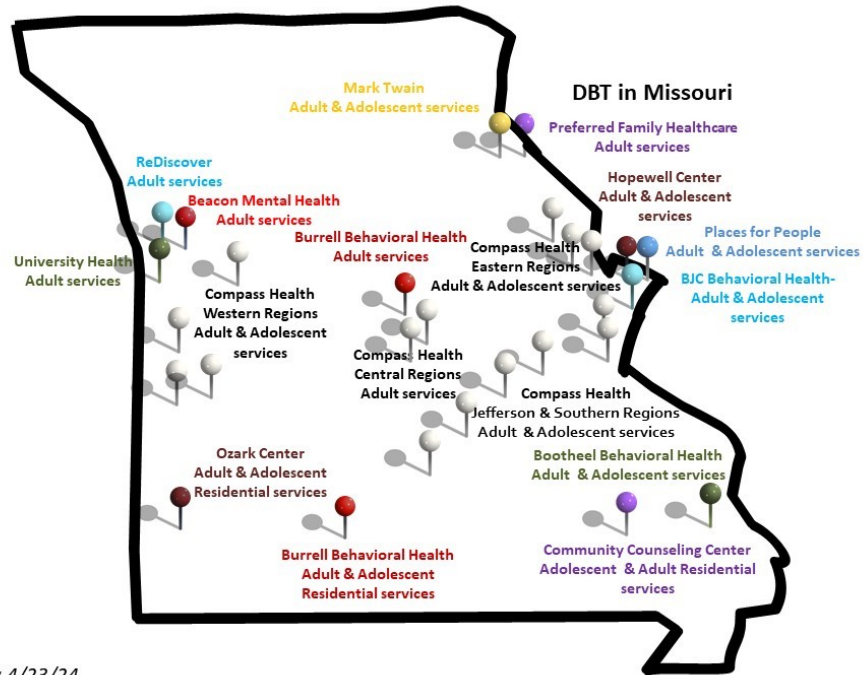
[Click Here](#)



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60 YEARS

National Association of State
Mental Health Program
Directors

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Rev 4/23/24

SHOW-ME ECHO

Extension for Community Healthcare Outcomes

THERE'S AN ECHO FOR YOU!



- ✓ Do you wish you could **consult an expert** or ask a **specialist** about something?
- ✓ Are you struggling with **access to knowledge resources** and **solutions** to unique community issues?
- ✓ Are you looking to **deepen your practice** and apply **latest research** trends?
- ✓ Do you want to provide **exceptional care** for patients in **your home** community?



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CONNECTING COMMUNITIES. SHARING KNOWLEDGE AND RESOURCES. SAVING LIVES.

 Missouri Telehealth Network
University of Missouri



Missouri
Evidence Based
Services Newsletter
Spring 2024

If you have any questions about further developing Motivational Interviewing in your practice, feel free to contact Scott Kerby. He has information on free and cost effective products and can help with your Motivational Interviewing needs.

skerbyconsulting@gmail.com



RESPECT is a movement begun by international consultant Joel Slack to help educate the public by telling his personal story of the powerful impact that respect (and disrespect) has on a person recovering from a mental illness.

Find out more here:

<https://dmh.mo.gov/constituent-services/respect-institute>

Motivational Interviewing Corner

By *Scott Kerby*

A key part of training Motivational Interviewing is the art of perspective-taking, a cornerstone of empathic listening. We stress the need to approach our clients with genuine curiosity and skillful listening as we seek to understand their perspective. I thought I had a really good handle on this until I came across the work of Dennis Proffitt and his book, Perception: How Our Bodies Shape Our Minds. Proffitt is a psychologist that has long studied the science of perception, and his findings have pushed me to take a deeper look. Recently a journalist was having a conversation with a professor about racial issues in the country. They had a cordial conversation, and largely agreed on many points. The journalist listened curiously, and listened well--yet he noticed a disconnect as the conversation moved along. As he later reflected on the conversation, he realized that while he listened well, and factually got the information, he had missed her frame. He was approaching the topic from 30,000 feet, trying to understand the broader context, while she was approaching it from a personal perspective, a wrong that needed to be addressed. Because he was unable to connect with her frame, he was unable to meaningfully connect with her.

In the book Perception, Proffitt says, "We see the world not as it is, but as it is for us." While we all have different experiences, it is tempting to believe that we are all experiencing the same world—but the research on perception challenges that. One study looked at how people perceived the steepness of hills. In general, we are not good at accurately identifying the angle of a hill, but several factors influence that further. People in good shape more accurately evaluate the slope of a hill compared to people that are overweight. Those carrying backpacks greatly overestimated the steepness of a hill, compared to their peers with no backpack. Fatigue, hunger, isolation—all increased the overestimation of the hill's grade. In essence, people were not experiencing the same hill. Our perception is often invisible to us, as we tend to believe that we are more or less experiencing the world as it actually is.

This has practical applications within the work that we do. Our clients often come to us carrying overloaded backpacks, and we may struggle to understand just how steep the hill seems to them. We also may mistakenly believe that we are the ones who see the hill clearly, when our perceptions have also been shaped by a myriad of factors, including many beyond our recognition. Maybe it isn't simple to "perspective-take", partially because we often don't even recognize our own perspective, and partly due to all the influences on perception. Listening well with curiosity is a great start, and we can still miss seeing through another's frame. I encourage you to check out Dennis Proffitt and the science behind perception. In the meantime, thanks for the work that you do, and keep reflecting.



Arts & Literature

Expression



Creativity

Send art (photos, photos of artwork, testimonials, poems, etc.) to Lori Long at lori.long@dmh.mo.gov for submission to this newsletter.

Please indicate if the artist wishes to be named along with the location/team they receive services from.

Thank you!

A LETTER TO CPTSD

By: Stacey Nicole

CPTSD,

Why can't you just let me forget all the painful memories stuck inside my head?

All the words that I want to erase, all the triggers that are unknown, that I can't deal with alone.

Why can't you just slow down and give me a break, just let me feel okay, quit popping up and pushing my work aside, letting me forget what all I've done inside.

Quit making me feel like I can't do this all again,
quit making me feel overwhelmed and exhausted and forgetting myself,

You will not allow me to stay down this time around,
because this time,

This time I know what you are,

You make it hard to get out of bed, but not this time, I will fight against it.

You bring up the images, words, and flashbacks I want to forget, but you know what this time I'll switch my mindset. The thoughts you try to tempt me with I will replace with a memory verse instead because with that it will bring you to your end.

I'm going to do my best to get over you, I did it before, and I can do it again.

This time I have the advantage, I may not know how to stop you, but I know that there's always a way to find my strength within the Lord who gives it and knows the way.

Although you try to keep me down and fall apart and stop living.

I will not.

I am not a quitter. I've always been pretty good at perseverance.

I always find a way.

No matter how hard that might be.

I have people who care for me now and I know it without a doubt.

They will help me through all you do, and I know that to be true.

You will not keep down this time around.

I know your feelings, I know your moves, the only difference between me and you is I will get through.

You try to creep up from behind, but I hate to tell you that won't work this time.

I know your words, I know your feelings, and the things you can do, for you have proved them to be true.

You can keep doing what you're doing but I will be the one here to stand strong, without a mark, untouched and strong. I may be broken, but never fully, even with the smallest piece you won't be able to break, I always put it back together.

Piece by Piece.

CPTSD says goodbye because you cannot stick around this time.

I will move you to the side, kick you out, and leave you behind.

It's not going to be me this time, it's going to be you who is left running away. I have forgiven her, apparently, you haven't, but that's not my problem.

So CPTSD you need to let her go and leave her behind all the actions and words she drilled inside, I've forgiven her now you do the same so we can be on the same page. We will fight until you can do the same. Maybe once you do, you can grow and change into something so much better than CPTSD.

Wishing you growth and change,
Stacey



Arts & Literature

Expression

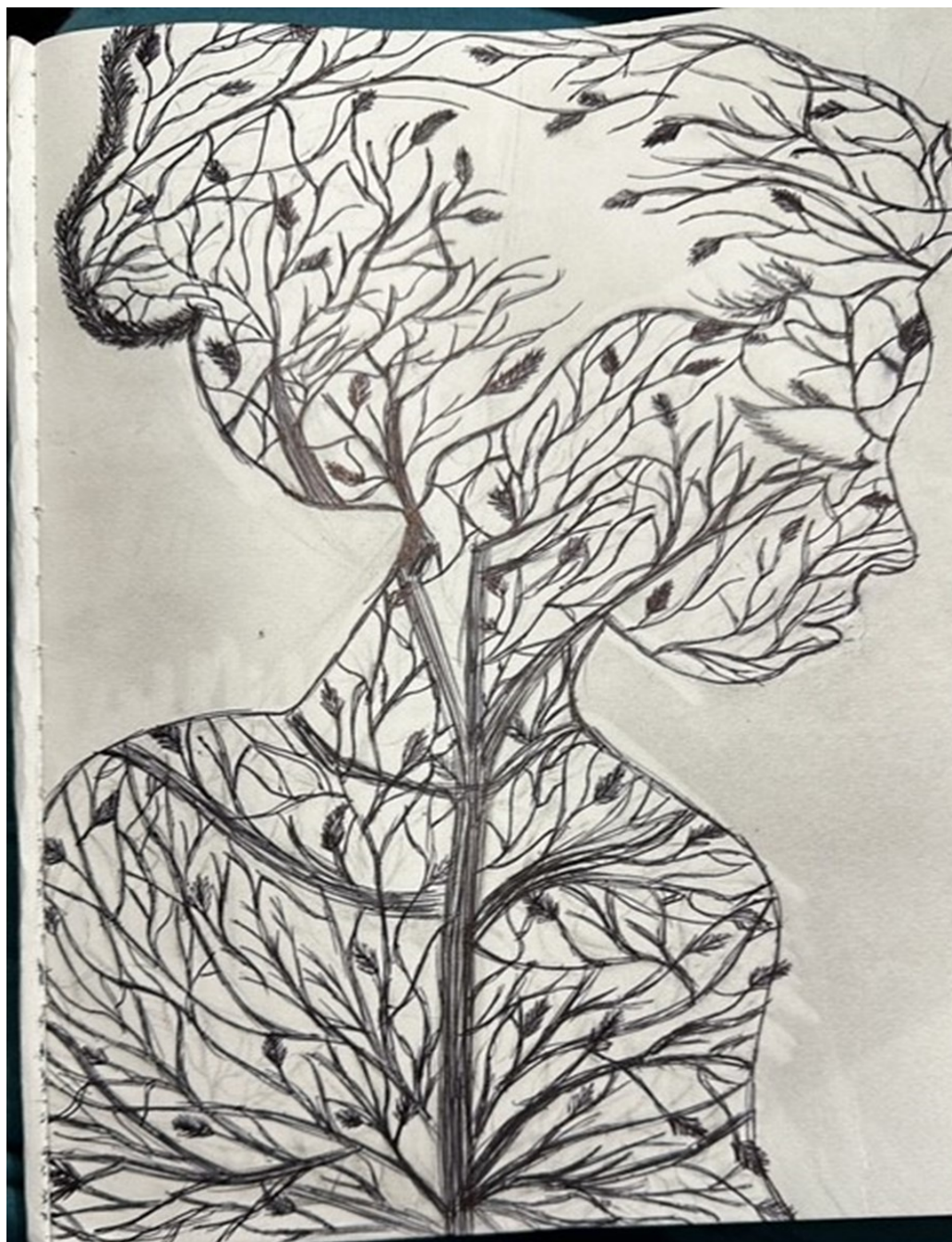


Creativity

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By Stacey Nicole